IN THE _____, MISSOURI

| Judge or Division: | Case Number: | | |
|---|--|--|---|
| | Court ORI Number: | | |
| | Offense Cycle No. (OCN): | | |
| | Criminal Case Number: | Arrest Citation Number: | |
| Plaintiff: | | VS. | (Date File Stamp) |
| Defendant(s): (select or list all of | the agencies you believe may have | | , |
| Circuit Court Division | | | County Sheriff's Dept. |
| Associate Court Division | | | Municipal Police Dept. |
| ☐ Missouri State Highway Patrol (MSHP) Criminal Justice Information Services (CJIS) Division | | ☐ Other (include name and address of agency) | |
| ☐ Prosecuting Attorney / Circuit | Attorney (include name of county) | | |
| County | | | |
| | | | |
| | | | |
| Petition for Expungement of Arrest/Plea/Trial/Conviction(s) | | | |
| Pursuant to section 610.140 conviction, for the criminal case(|), RSMo, I request that the court iss s) identified below. | sue an order to expunge my reco | ord of arrest, plea, trial, or |
| associate or circuit division. I am time has lapsed since completion | pelow occurred within the state of Marging this petition in the county when of the sentence for the conviction by in that time, and I have paid all refication of my identity. | ere the conviction occurred and (s) which I am asking to have ex | I hereby swear that the required counged, I have not been found |
| order of expungement shall not a all the criteria for any of the offer | agencies named above as defendations affect any person or entity not name asses listed for expungement, the pessince the date of filing this petition. | ed as a defendant in the action. I tition will be dismissed by the co | I understand that if I do not meet ourt and I may not refile another |
| Full Name: | | Sex: M F | Race: |
| Current Address: | | Driver License No./Issuing State/Exp. Date: | |
| Arrest, plea, trial or conviction(s) to be expunged. Attach additional sheet if necessary. (include offense, date of arrest, county/municipality of arrest, name of arresting agency, case number and name of court) | | | |
| I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief. | | | |
| Petitioner's Signature | | | |
| Instructions to Clerk 1. A copy of the petition shall be issued to the prosecuting attorney. | | | |
| A copy of the petition and the fingerprint card should be sent to the Missouri Criminal Record Repository. Give notice of the hearing to the prosecuting attorney and each official, or agency, or other entity named in the petition. | | | |

OSCA (08-12) CR360 1 of 1 610.140, RSMo